

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		4/4/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	6247	6-13-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Not started
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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